



MENTAL HEALTH LEGISLATION (117TH CONGRESS)

Updated: 7/16/21

** = New bills since last update

ADDICTION & SUBSTANCE USE DISORDER

Foster, Bill (D-IL) – Mental Health Caucus Member

H.R. 1685, Expanding Opportunities for Recovery Act: This bill requires the Center for Substance Abuse Treatment in the Substance Abuse and Mental Health Services Administration to award grants to states to expand access to clinically appropriate services for opioid abuse or addiction. States must use these grants to provide up to 60 consecutive days of services to individuals who otherwise would not have access to substance abuse services.

Kuster, Ann M. (D-NH) – Mental Health Caucus Member

H.R. 2366, STOP Fentanyl Act: To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids, and for other purposes.

Kim, Andy (D-NJ) – Mental Health Caucus Member

H.R. 2364, Synthetic Opioid Danger Awareness Act: This bill requires several federal agencies to provide education and training related to synthetic opioids, including fentanyl and its analogues. Specifically, the Centers for Disease Control and Prevention must launch a public education campaign on the dangers of synthetic opioids and related issues, and the National Institute for Occupational Safety and Health (NIOSH) must produce training materials to prevent exposure to synthetic opioids for first responders and others who are at high risk of such exposure. In addition, the Substance Abuse and Mental Health Services Administration must disseminate the NIOSH training to ambulance transport personnel, local sheriff deputies, and other first responders and individuals in high-risk occupations.

Tonko, Paul (D-NY) – Mental Health Caucus Member

H.R. 1384, Mainstreaming Addiction Treatment Act: To amend section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) to eliminate the separate registration requirement for dispensing narcotic drugs in schedule III, IV, or V (such as buprenorphine) for maintenance or detoxification treatment, and for other purposes.

Trone, David J. (D-MD) - Mental Health Caucus Member

H.R. 2379, State Opioid Response Grant Authorization Act: This bill reauthorizes through FY2027 and expands the scope of the State Opioid Response Grant program that is administered by the Substance Abuse and Mental Health Services Administration. Current law limits the use of these grants to specifically address the opioid crisis and opioid use disorders, while this bill allows the grants to address substance use disorders more broadly.

CHILDREN & YOUTH

Allen, Rick W. (R-GA)

H.R. 787, Expanding Student Access to Mental Health Services Act: This bill authorizes state and local educational agencies to use Student Support and Academic Enrichment grants to improve mental health services available to students. Specifically, it allows funds to be used for identifying and disseminating best practices for mental health first aid, emergency planning, coordination of services, and telehealth services.

Cárdenas, Tony (D-CA) – Mental Health Caucus Member

H.R. 1803, Youth Mental Health and Suicide Prevention Act: This bill authorizes the award of matching grants to enhance services in secondary schools for students with mental and behavioral health issues that can lead to failure in school, such as depression and substance abuse. The Substance Abuse and Mental Health Services Administration may award these grants on a competitive basis to state or local educational agencies that serve at least one secondary school.

Chu, Judy (D-CA) – Mental Health Caucus Member

**H.R. 3572, Increasing Access to Mental Health in Schools Act: To increase the recruitment and retention of school-based mental health services providers by low-income local educational agencies.

Correa, J. Luis (D-CA) – Mental Health Caucus Member

**H.R. 2914, Improving Mental Health Access for Students Act: This bill requires institutions of higher education (IHEs) that participate in federal student-aid programs to share contact information for suicide prevention resources with students. If IHEs distribute student identification cards, then they must include on the cards phone numbers for the National Suicide Prevention Lifeline, the Crisis Text Line, and a campus mental-health center or program. If IHEs do not create such cards, then they must publish the numbers on their websites.

Dean, Madeleine (D-PA)

H.R. 868, END Stigma Act: This bill authorizes the Department of Health and Human Services to award grants to institutions of higher education to educate students about substance use disorders.

Ferguson, A. Drew, IV (R-GA)

H.R. 2877, Behavioral Intervention Guidelines Act: To amend the Public Health Service Act to direct the Secretary of Health and Human Services to develop best practices for the establishment and use of behavioral intervention teams at schools, and for other purposes.

Fitzpatrick, Brian K. (R-PA) - Mental Health Caucus Member

**H.R. 4198, To establish the Mental Health in Schools Excellence Program to increase the recruitment and retention of school-based mental health services providers, and for other purposes.

Lawrence, Brenda L. (D-MI)

H.R. 2033, Timely Mental Health for Foster Youth Act: This bill requires an initial mental health screening within 30 days after a child enters foster care. In the case of a child for whom a mental health issue is identified in such initial screening, a comprehensive assessment of the child's mental health must be completed within 60 days after the child's entry into foster care. The Department of Health and Human Services must provide

technical assistance for states to implement this requirement and collect data and report on the number of screenings completed.

Napolitano, Grace F. (D-CA) – Mental Health Caucus Co-Chair

H.R. 721, Mental Health Services for Students Act: This bill provides specific statutory authority for the Project AWARE (Advancing Wellness and Resiliency in Education) State Educational Agency Grant Program that is administered by the Substance Abuse and Mental Health Services Administration. The program supports school-based mental health services, including screening, treatment, and outreach programs.

Perlmutter, Ed (D-CO)

**H.R. 3432, School Safety Drill Research Act: To require the Secretary of Education to enter into an agreement with the National Academies to conduct a study on the possible mental health effects of a lockdown drill or active shooter drill in elementary and secondary schools, and for other purposes.

Peters, Scott H. (D-CA) – Mental Health Caucus Member

H.R. 586, STANDUP Act: This bill requires state, tribal, and local educational agencies that receive grant funding for priority mental-health needs, including through the Project AWARE State Education Agency Grant Program, to establish and implement evidence-based suicide awareness and prevention training policies. In addition, the Substance Abuse and Mental Health Services Administration, in coordination with the Department of Education and Bureau of Indian Education, must provide educational agencies with best practices for these trainings.

Trone, David J. (D-MD) - Mental Health Caucus Member

**H.R. 3549, Comprehensive Mental Health in Schools Pilot Program Act: To direct the Secretary of Education to establish a pilot grant program to develop, implement, and evaluate comprehensive mental health services programs in elementary schools and secondary schools, and for other purposes.

COMMUNITIES OF COLOR

Blunt Rochester, Lisa (D-DE)

H.R. 907, Investing in Community Healing Act: This bill requires, with a focus on racial and ethnic minority groups, research on adverse health impacts associated with violent interactions with law enforcement and additional activities to promote access to mental and behavioral health care. Specifically, the Office of Minority Health of the Centers for Disease Control and Prevention must research the health consequences of trauma related to violent interactions with law enforcement. In addition, the Substance Abuse and Mental Health Services Administration must award grants to community-based programs or organizations to increase access to trauma-support services and mental health care. The Department of Health and Human Services must also carry out a campaign to raise awareness of, and reduce stigma associated with, mental and behavioral health conditions.

Brownley, Julia (D-CA)

H.R. 912, American Indian and Alaska Native Veterans Mental Health Act: This bill directs the Department of Veterans Affairs (VA) to provide mental health and suicide prevention outreach to American Indian and Alaska Native veterans. Specifically, the bill requires that each VA medical center have a full-time minority veteran coordinator. The coordinator must receive training in the delivery of culturally appropriate mental health and suicide prevention services to American Indian and Alaska Native veterans. Further, the suicide prevention coordinator and minority veteran coordinator of each VA medical center must develop and disseminate a

written plan for conducting mental health and suicide prevention outreach to all tribes and urban Indian health organizations within the area of the medical center.

Cárdenas, Tony (D-CA) – Mental Health Caucus Member

H.R. 1331, Strengthening Mental Health Supports for BIPOC Communities Act: This bill requires states and other jurisdictions that receive certain block grants for community mental health services and substance abuse prevention and treatment to report on services and outreach provided through those grants to members of racial and ethnic minority groups.

Chu, Judy (D-CA) - Mental Health Caucus Member

**H.Res. 373, Expressing support for the designation of May 10, 2021, as "National Asian American, Native Hawaiian, and Pacific Islander Mental Health Day" and acknowledging the importance of raising awareness of mental health and improving the quality of mental health services for the Asian American, Native Hawaiian, and Pacific Islander community.

**H.R. 3573, Stop Mental Health Stigma in Our Communities Act: This bill amends the Public Health Service Act to require the Substance Abuse and Mental Health Services Administration to develop and implement an outreach and education strategy to promote behavioral and mental health and reduce stigma associated with mental health conditions and substance abuse among the Asian American, Native Hawaiian, and Pacific Islander populations.

Napolitano, Grace (D-CA) – Mental Health Caucus Co-Chair

H.R. 2529, Mental Health for Latinos Act: To amend the Public Health Service Act to provide for a behavioral and mental health outreach and education strategy to reduce stigma associated with mental health among the Hispanic and Latino population, and for other purposes.

H.R. 2480, Immigrants' Mental Health Act: This bill directs Customs and Border Protection (CBP) to take steps to address mental health issues among immigrants and CBP agents and officers. It also restricts the sharing of mental health information for use in certain immigration proceedings. CBP shall develop training to enable its agents and officers to (1) identify mental health issues and risk factors in immigrants and refugees, (2) provide crisis intervention using a trauma-informed approach, and (3) better manage work-related stress and psychological pressures. CBP shall assign at least one qualified mental or behavioral health expert to each Border Patrol station, port of entry, checkpoint, forward operating base, secondary inspection area, and short-term custody facility. The Department of Health and Human Services may not provide to the Department of Homeland Security information about the mental health of an alien that was obtained by a mental health professional while the alien was in federal government custody if the information will be used for (1) an asylum determination, (2) an immigration hearing, or (3) a deportation hearing.

Pallone, Frank, Jr. (D-NJ)

**HR 4251, To amend the Indian Health Care Improvement Act to authorize a special behavioral health program for Indians, and for other purposes.

Watson Coleman, Bonnie (D-NJ) – Mental Health Caucus Member

H.R. 1475, Pursuing Equity in Mental Health Act: This bill establishes and expands programs to address racial and ethnic disparities in mental health. Specifically, the Department of Health and Human Services (HHS) must award grants to establish interprofessional behavioral health care teams in areas with a high proportion of racial and ethnic minority groups; and incorporate best practices and competencies to address mental health disparities in curricula for training social workers, psychologists, and other behavioral health professionals. HHS must also promote behavioral and mental health and reduce stigma associated with mental health conditions and substance use disorder through outreach to racial and ethnic minority groups. HHS must

consult with appropriate advocacy groups and behavioral health organizations to develop a strategy for this outreach. The bill also (1) reauthorizes the minority fellowship program to support the education of mental health professionals who provide services to racial and ethnic minorities, and (2) requires studies on mental health disparities and the effects of social media use on adolescents.

COVID-19 PANDEMIC

Emmer, Tom (R-MN) – Mental Health Caucus Member

H.R. 220, STRESS under COVID-19 Act: To make supplemental appropriations to carry out farm stress programs, provide for expedited additional support under the farm and ranch stress assistance network, and for other purposes.

Kuster, Ann M. (D-NH) – Mental Health Caucus Member

H.R. 706, Emergency Support for Substance Use Disorders Act: This bill requires the Substance Abuse and Mental Health Services Administration to award grants to states, other jurisdictions, and community-based entities for harm reduction activities to address drug misuse during the COVID-19 (i.e., coronavirus disease 2019) pandemic.

Porter, Katie (D-CA) – Mental Health Caucus Member

H.R. 588, Stopping the Mental Health Pandemic Act: This bill requires the Substance Abuse and Mental Health Services Administration to award grants to states, tribal nations, local governments, behavioral health and primary care providers, and community organizations to support behavioral health treatment and services during the COVID-19 (i.e., coronavirus disease 2019) pandemic.

Ryan, Tim (D-OH) – Mental Health Caucus Member

H.R. 593, Coronavirus Mental Health and Addiction Assistance Act: This bill requires the Substance Abuse and Mental Health Services Administration to award grants to establish a network of entities that provide mental health and substance use disorder programs during the COVID-19 (i.e., coronavirus disease 2019) pandemic. Eligible entities include tribal nations, nonprofit organizations, service providers, and partnerships of two or more eligible entities.

Tonko, Paul (D-NY) – Mental Health Caucus Member

H.R. 1716, COVID-19 Mental Health Research Act: To direct the Secretary of Health and Human Services, acting through the Director of the National Institute of Mental Health, to conduct or support research on the mental health consequences of SARS-CoV-2 or COVID-19, and for other purposes.

Trone, David J. (D-MD) – Mental Health Caucus Member

H.R. 2264, Tele-Mental Health Improvement Act: This bill requires private health insurance plans that cover in-person mental health or substance use disorder services to cover such services on equal terms via telehealth (i.e., information technology used to aid treatment and diagnosis at a physical distance) during and shortly after the COVID-19 (i.e., coronavirus disease 2019) public health emergency. Specifically, this bill requires plans to, among other things, cover these services at the same rate as in-person services, exclude charges for facility fees, and provide information about how to access these services. Additionally, providers of these services may not charge facility fees to plan enrollees.

H.R. 434, Preventing Mental Health and Substance Use Crises During Emergencies Act: This bill establishes a task force and requires a strategy to address mental health and substance use issues during public health

emergencies. The Department of Health and Human Services must convene the task force to assess the federal response to such issues during and after the COVID-19 (i.e., coronavirus disease 2019) emergency. In addition, the Substance Abuse and Mental Health Services Administration must develop and annually update the strategy. The task force's work must inform the strategy.

Wild, Susan (D-PA) – Mental Health Caucus Member

H.R. 1667, Dr. Lorna Breen Health Care Provider Protection Act: This bill establishes grants and requires other activities to improve mental and behavioral health and prevent burnout among health care providers. Specifically, the Department of Health and Human Services (HHS) must award grants to train health care providers on suicide prevention, other behavioral health issues, and strategies to improve well-being; and establish or expand programs to promote mental and behavioral health among health care providers involved with COVID-19 (i.e., coronavirus disease 2019) response efforts. HHS must also study and develop policy recommendations on preventing burnout and improving mental and behavioral health among health care providers, removing barriers to accessing care and treatment, and identifying strategies to promote resiliency. Additionally, the Centers for Disease Control and Prevention must conduct a campaign to encourage health care providers to seek support and treatment for mental and behavioral health concerns.

MENTAL HEALTH ACCESS

Barragan, Nanette Diaz (D-CA)

**HR 4217, To amend the Public Health Service Act to provide for the establishment of a Task Force on Maternal Mental Health, and for other purposes.

Bera, Ami (D-CA)

H.R. 1480, HERO Act: This bill establishes a series of programs relating to the behavioral health of law enforcement officers, first responders, 9-1-1 operators, and other public safety officers and health care providers. The programs include a public safety officer suicide-reporting system at the Centers for Disease Control and Prevention, a grant program for peer-support behavioral health and wellness programs within fire departments and emergency medical services agencies, and a grant program for behavioral health and wellness programs for health care providers.

Boyle, Brendan F. (D-PA) – Mental Health Caucus Member

H.R. 2297, MIND Act: This bill temporarily allows states to receive federal Medicaid payment for services provided in institutions for mental diseases (IMDs) during the public health emergency relating to COVID-19 (i.e., coronavirus disease 2019) and for 180 days after the emergency ends. Current law generally prohibits federal payment under Medicaid for services provided in IMDs for individuals under the age of 65 (although states may receive payment through certain mechanisms, such as through a Medicaid demonstration waiver).

Blunt Rochester, Lisa (D-DE)

H.R. 909, Moms Matter Act: This bill establishes two grant programs to address maternal mental health conditions and substance use disorders, with a focus on racial and ethnic minority groups. First, the Substance Abuse and Mental Health Services Administration must award grants for maternal behavioral health services. Eligible grantees include state, tribal, and local governments; health care providers; and organizations that serve pregnant and postpartum individuals. Second, the Department of Health and Human Services may award grants to grow and diversify the maternal mental and behavioral health workforce by establishing or expanding schools and training programs.

Bustos, Cheri (D-IL)

**HR 4305, To amend the Community Mental Health Service Block Grant to authorize a set-aside for crisis care services, and for other purposes.

Cárdenas, Tony (D-CA) – Mental Health Caucus Member

**H.R. 3753, Parity Implementation Assistance Act: To amend the Public Health Service Act to provide grant funding to States for mental health and substance use disorder parity implementation.

H.R. 1545, Crisis Counseling Act: This bill provides for immediate approval of any request by a state, local, or tribal government for crisis counseling and training after the President declares a major disaster under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

H.R. 1544, Virtual Community Support Act: This bill requires the Substance Abuse and Mental Health Services Administration (SAMHSA) to award grants for community-based mental health services, substance-use disorder services, and peer support services. Eligible grantees include health departments, behavioral health programs, nonprofits, and institutions of higher education. SAMHSA must report on the grant program, including specifically with respect to the COVID-19 (i.e., coronavirus disease 2019) emergency period.

Chu, Judy (D, CA) – Mental Health Caucus Member

H.R. 2767, PEERS Act: This bill specifies that peer support specialists may participate in the provision of behavioral health integration services with the supervision of a physician or other entity under Medicare. The bill defines *peer support specialists* as individuals who are recovering from a mental health or substance-use condition and have certain national or state credentials, as specified, to provide peer support services.

H.R. 1551, Nutrition CARE Act: This bill provides for Medicare coverage of medical nutrition therapy services for individuals with eating disorders. Such services must be furnished by a registered dietitian or nutrition professional pursuant to a referral from a physician, psychologist, or other authorized mental health professional.

Dean, Madeleine (D-PA)

H.R. 523, Community Health Center Mental Health Screening Act: This bill authorizes the Department of Health and Human Services to award grants for mental and behavioral health screenings and mental health services to federally qualified health centers.

DeFazio, Peter A. (D-OR) – Mental Health Caucus Member

H.R. 1914, CAHOOTS Act: This bill allows state Medicaid programs to cover certain community-based mobile crisis intervention services for individuals experiencing a mental health or substance-use disorder crisis outside of a facility setting. Among other requirements, such services must be (1) provided by multidisciplinary teams composed of behavioral health professionals who are trained in trauma care and de-escalation techniques, (2) available 24-7, and (3) voluntary for the individual experiencing the mental health or substance-use disorder crisis. The bill provides an enhanced Federal Medical Assistance Percentage (i.e., federal matching rate) for such services, as well as specified funds for state planning and evaluation grants.

Deutch, Theodore E. (D-FL)

**H.R. 3988, To enhance mental health and psychosocial support within United States foreign assistance programs.

Emmer, Tom (R-MN) – Mental Health Caucus Member

H.R. 1495, Jim Ramstad Legacy of Recovery Act: This bill allows states to receive federal Medicaid payment for psychiatric and substance-use disorder services provided in institutions for mental diseases (IMDs) to patients who are enrolled with a Medicaid managed care organization (MCO) or in a prepaid inpatient health plan (PIHP). Current law generally prohibits federal payment under Medicaid for services provided in IMDs for individuals under the age of 65. However, states may receive federal Medicaid payment for monthly capitation payments to MCOs and PIHPs for services provided in IMDs to enrollees aged 21 to 64. Such services must be provided for no longer than 15 days per month and in lieu of other services covered under the state Medicaid program.

Jackson Lee, Sheila (D-TX) – Mental Health Caucus Member

H.R. 137, Mental Health Access and Gun Violence Prevention Act: This bill authorizes FY2022 appropriations for the Department of Justice, the Department of Health and Human Services, and the Social Security Administration to (1) increase access to mental health care treatment and services, and (2) promote reporting of mental health information to the National Instant Criminal Background Check System. To authorize funding to increase access to mental health care treatment to reduce gun violence.

Katko, John (R-NY) – Mental Health Caucus Co-Chair

**H.R. 3150, Mental Health Professionals Workforce Shortage Loan Repayment Act: To amend the Public Health Service Act to authorize a loan repayment program for mental health professionals to relieve workforce shortages, and for other purposes.

Kaptur, Marcy (D-NV) - Mental Health Caucus Member

**H.R. 3595, Law Enforcement Training for Mental Health Crisis Response Act: A bill to amend the Omnibus Crime Control and Safe Streets Act of 1968 to authorize a grant program for law enforcement agencies and corrections agencies to obtain behavioral health crisis response training for law enforcement officers and corrections officers, and for other purposes.

Latta, Robert E. (R-OH)

H.R. 1001, CRISIS Act: This bill increases the authorization of FY2022-2023 appropriations for crisis care under the Community Mental Services Block Grant program for adults with serious mental illnesses and children with serious emotional disturbances. The bill also requires states and territories to expend a certain percentage of their grant funds on evidence-based crisis care activities such as crisis call centers, 24/7 mobile crisis services, and crisis stabilization programs in hospitals or other licensed facilities.

Lee, Barbara (D-CA) - Mental Health Caucus Member

H.R. 2035, Improving Access to Mental Health Act: This bill increases the Medicare reimbursement rate for clinical social worker services. The bill excludes clinical social worker services from the prospective payment system in which predetermined amounts form the basis for payment under Medicare. Additionally, the bill alters the definition of *clinical social worker services* as it relates to Medicare. Under current law, such services (1) include services performed for the diagnosis and treatment of mental illnesses, and (2) exclude services furnished to an inpatient of a skilled nursing facility as a condition of the facility's participation in the Medicare program. The bill repeals these provisions and instead specifies that such services include certain types of health behavior assessment and intervention.

Lee, Susie (D-NV) – Mental Health Caucus Member

H.R. 2929, Virtual Peer Support Act: This bill appropriates funding for grants to transition behavioral health peer support services that are provided at no cost to participants from in-person to virtual platforms or to

otherwise expand these kinds of virtual services. Specifically, the Substance Abuse and Mental Health Services Administration must award competitive grants to certain consumer-controlled or consumer-run organizations and tribal communities. Among other eligibility requirements for these grants, entities must have offered certain behavioral health services at no cost to participants before the declaration of the COVID-19 (i.e., coronavirus disease 2019) public health emergency.

Matsui, Doris O. (D-CA) – Mental Health Caucus Member

**HR 4323, To expand the Medicaid certified community behavioral health clinic demonstration program and to authorize funding for additional grants to certified community behavioral health clinics.

Napolitano, Grace F. (D-CA) – Mental Health Caucus Co-Chair

H.R. 2611, Increasing Behavioral Health Treatment Act: To amend title XIX of the Social Security Act to remove the exclusion from medical assistance under the Medicaid Program of items and services for patients in an institution for mental diseases, and for other purposes.

H.Res. 365, Expressing support for the designation of May 2021 as "Mental Health Awareness Month".

Norcross, Donald (D-NJ) – Mental Health Caucus Member

H.R. 1364, Parity Enforcement Act: This bill provides authority for the Department of Labor to enforce the parity requirements for group health plans with respect to the coverage of mental health and substance use disorder benefits.

Ruiz, Raul (D-CA)

H.R. 1205, Improving Mental Health Access from the Emergency Department Act: This bill authorizes a grant program for emergency departments to increase access to follow-up psychiatric services for individuals who present for care of acute mental-health episodes. The Substance Abuse and Mental Health Services Administration may award these grants.

Porter, Katie (D-CA) – Mental Health Caucus Member

H.R. 1368, Mental Health Justice Act: This bill creates a grant program for states and local governments to train and dispatch mental health professionals to respond, instead of law enforcement officers, to emergencies that involve people with behavioral health needs. The Substance Abuse and Mental Health Services Administration (SAMHSA) must manage the program in consultation with the Department of Justice (DOJ). SAMHSA may cancel grants that increase incarceration or institutionalization. Grantees must use funds for purposes including de-escalation and anti-racism training. The Department of Health and Human Services and the DOJ must evaluate this program.

Smith, Adam (D-WA)

H.R. 1859, 911 Diversion to Unarmed Personnel Act: This bill authorizes grants to dispatch unarmed, specialized health care or social service providers to respond to nonviolent 9–1–1 calls instead of law enforcement officers. The Substance Abuse and Mental Health Services Administration may award grants to states and other jurisdictions for this purpose.

Thompson, Mike (D-CA) – Mental Health Caucus Member

H.R. 432, Mental Health Access Improvement Act: This bill provides for coverage of marriage and family therapist services and mental health counselor services under Medicare. It also excludes such services from the skilled nursing facility prospective payment system, and authorizes marriage and family therapists and mental health counselors to develop discharge plans for post-hospital services.

Tonko, Paul (D-NY) – Mental Health Caucus Member

****H.R. 3450, Medicaid Bump Act:** To amend title XIX of the Social Security Act to provide a higher Federal matching rate for increased expenditures under Medicaid for behavioral health services (including those related to mental health and substance use), and for other purposes.

H.R. 955, Medicaid Reentry Act: This bill allows Medicaid payment for medical services furnished to an incarcerated individual during the 30-day period preceding the individual's release. The Medicaid and Children's Health Insurance Program (CHIP) Payment and Access Commission must report on specified information relating to the accessibility and quality of health care for incarcerated individuals, including the impact of the bill's changes.

Trone, David J. (D-MD) – Mental Health Caucus Member

H.R. 1385, Behavioral Health Coordination and Communication Act: This bill establishes, within the Executive Office of the President, the position of Interagency Coordinator for Behavioral Health to coordinate federal programs and activities concerning mental health and substance use disorders. Federal departments and agencies must notify the coordinator when developing or implementing policies related to behavioral health. The Government Accountability Office must report on the impact of the coordinator on relevant programs and must study issues related to behavioral health services in school settings and in the juvenile justice system.

Underwood, Lauren (D-IL)

****H.R. 3550, Primary and Behavioral Health Care Access Act:** To amend the Employee Retirement Income Security Act of 1974, title XXVII of the Public Health Service Act, and the Internal Revenue Code of 1986 to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide for 3 primary care visits and 3 behavioral health care visits without application of any cost-sharing requirement.

MILITARY & VETERANS

Axne, Cynthia (D-IA)

H.R. 2441, Sgt. Ketchum Rural Veterans Mental Health Act: This bill requires the Department of Veterans Affairs (VA), during FY2022, to establish and maintain three new centers of the Rural Access Network for Growth Enhancement (RANGE) Program in areas with interest from personnel and a need for additional mental health care for rural veterans. The RANGE Program serves veterans in rural areas who are experiencing mental illness. The bill requires the Government Accountability Office to conduct a study and report on whether the VA has sufficient resources to serve rural veterans who need mental health care that is more intensive than traditional outpatient therapy.

Buchanan, Vern (R-FL)

H.R. 67, Veteran Overmedication and Suicide Prevention Act: This bill requires the Department of Veterans Affairs (VA) to contract with the National Academies of Sciences, Engineering, and Medicine to report on the deaths of covered veterans who died by suicide during the last five years, regardless of whether information relating to such deaths has been reported by the Centers for Disease Control and Prevention. A covered veteran is any veteran who received VA hospital care or medical services during the five-year period preceding the veteran's death. Among other elements, the report shall include the total number of covered veterans who died by suicide, violent death, or accidental death, as well as certain demographic information.

Delgado, Antonio (D-NY)

H.R. 2724, VA Peer Support Enhancement for MST Survivors Act: To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide for peer support specialists for claimants who are survivors of military sexual trauma, and for other purposes.

Garbarino, Andrew R. (R-NY)

H.R. 1123, Veteran Suicide Prevention Act: This bill requires the Department of Veterans Affairs (VA) to complete a review of the deaths of all covered veterans who died by suicide during the five-year period preceding the enactment of this bill. Covered veterans are those who received VA hospital care or medical services during the five-year period preceding the death of the veteran. The VA shall report on the results of the review and make such report publicly available.

Gonzalez, Anthony (R-OH) – Mental Health Caucus Member

H.R. 2778, Daniel J. Harvey Jr. and Adam Lambert Improving Servicemember Transition to Reduce Veteran Suicide Act: This bill requires the Department of Defense (DOD) and the Department of Veterans Affairs (VA) to jointly implement a five-year pilot program to assess the feasibility and advisability of providing specified counseling and services as part of the Transition Assistance Program for members of the Armed Forces as a means of reducing the incidence of suicide among veterans. Specifically, the pilot program would involve a three-hour counseling module and the provision of contact information for a counseling or similar facility in the locality where the veteran intends to reside. Additionally, the participating veterans must submit medical records in connection with their service in the Armed Forces, regardless of whether they intend to file a claim for benefits for a service-connected disability. Under the program, a social worker or behavioral health coordinator from the VA must contact the veteran within 90 days after the member is discharged or released from service to schedule a follow-up appointment. At least 10 DOD Transition Assistance Centers must be jointly selected to carry out the pilot program.

Moulton, Seth (D-MA) – Mental Health Caucus Member

**H.R. 3942, Brandon Act: To amend title 10, United States Code, to improve the process by which a member of the Armed Forces may be referred for a mental health evaluation.

H.R. 1309, SERVE Act: This bill provides for inpatient and outpatient treatment of eating disorders under TRICARE for dependents of members of the uniformed services. Dependents are eligible for such care regardless of (1) their age, except with respect to residential service; and (2) whether the eating disorder is their primary or secondary diagnosis. The bill also requires the Department of Defense (DOD) and the Department of Homeland Security (with respect to the Coast Guard) to identify, treat, and rehabilitate members of the armed forces who have an eating disorder. Finally, DOD and the Department of Veterans Affairs must jointly develop, publish, and disseminate clinical practice criteria and guidelines on the identification and treatment of eating disorders.

Murphy, Gregory (R-NC)

**HR 4233, To amend title 38, United States Code, to furnish Vet Center readjustment counseling and related mental health services to veterans and members of the Armed Forces using certain educational assistance benefits.

H.R. 1014, Veterans National Traumatic Brain Injury Treatment Act: This bill requires the Department of Veterans Affairs to implement a five-year pilot program to furnish, under the Veterans Community Care Program, hyperbaric oxygen therapy to veterans with traumatic brain injuries or post-traumatic stress disorder.

Phillips, Dean (D-MN)

**H.R. 3674, Vet Center Support Act: To direct the Secretary of Veterans Affairs to submit to Congress a report on mental health care furnished by the Department of Veterans Affairs in certain States.

Rutherford, John H. (R-FL) – Mental Health Caucus Member

H.R. 1022, PAWS Act: This bill requires the Department of Veterans Affairs (VA) to implement a grant program for the purpose of pairing service dogs with eligible veterans. Organizations that receive grants must provide veterinary health insurance coverage, hardware, and travel expenses for each service dog and veteran participating in the program. Eligible veterans are those who (1) are enrolled in the VA health care system, (2) have been evaluated and treated for post-traumatic stress disorder (PTSD) but remain diagnosed with PTSD, (3) may benefit from a service dog, and (4) agree to successfully complete training provided by an eligible organization. Veterans are required to see a VA health care provider at least once every six months to determine whether the veteran continues to benefit from a service dog. Eligible organizations are nonprofit organizations that provide service dogs to veterans with PTSD, meet publicly available standards set forth by the Association of Service Dog Providers for Military Veterans, have expertise in the needs of veterans with PTSD, agree to cover all costs in excess of the grant amount to guarantee the benefits of the program, agree to reaccept or replace a service dog provided to a veteran, and submit an application to the VA. Any improvement in PTSD symptoms as a result of the provision of a service dog shall not affect the veteran's eligibility for any other VA benefits. The Government Accountability Office must report on the grant program.

Steube, W. Gregory (R-FL) – Mental Health Caucus Member

H.Res. 299, Expressing support for naming surviving family members of veterans who die by suicide as "Gold Arrow Families".

Takano, Mark (D-CA)

H.Res. 337, Congratulating the Department of Veterans Affairs on 75 years of psychology training and expansion of access to mental health care for veterans by expressing support for the designation of April 19 through April 23, 2021, as "VA Psychology Recognition Week".

Underwood, Lauren (D-IL)

H.R. 2749, Lethal Means Safety Training Act: This bill requires the Department of Veterans Affairs (VA) to update its Lethal Means Safety and Suicide Prevention training course at least once a year to ensure it is culturally appropriate and uses best practices identified by subject matter experts (e.g., veterans service organizations). The bill requires certain VA employees and care providers to take the most recently updated version of the training course within 90 days after the person is hired, agrees to furnish care, or receives support and at least annually thereafter. Specifically, the bill requires the following categories of VA employees or care providers to take the training course: employees of the Veterans Health Administration or Veterans Benefits Administration who regularly interact with veterans, compensation and pension examiners, employees of Veterans Centers or vocational rehabilitation facilities, employees of Veterans Community Care Providers who provide care to veterans, and family caregivers receiving support under the Program of Comprehensive Assistance for Family Caregivers. The VA must publish the training course on a publicly available VA website. Additionally, the VA must publish a report on its website that includes the percentage of individuals in each category who have completed such training.

Waltz, Michael (R-FL)

H.R. 852, United States-Israel PTSD Collaborative Research Act: This bill establishes a grant program for collaborative efforts between the United States and Israel to advance research on post-traumatic stress disorders. The Department of Defense, in coordination with the Department of Veterans Affairs and the

Department of State, shall award grants to eligible academic institutions or nonprofit entities in the United States. Work shall be conducted by the eligible entity and an entity in Israel under a joint research agreement.

Zeldin, Lee M. (R-NY)

H.R. 1476, PFC Joseph P. Dwyer Peer Support Program Act: This bill requires the Department of Veterans Affairs (VA) to establish the PFC Joseph P. Dwyer Peer Support Program to make grants to eligible entities for peer-to-peer mental health programs for veterans. Eligible entities include (1) a nonprofit organization that has historically served the mental health needs of veterans; (2) a congressionally chartered veteran service organization; or (3) a state, local, or tribal veteran service agency, director, or commissioner. The VA shall establish an advisory committee to create appropriate program standards.

TELEHEALTH

Bilirakis, Gus M. (R-FL) - Mental Health Caucus Member

**H.R. 4036, To amend title XVIII of the Social Security Act and the SUPPORT for Patients and Communities Act to provide for Medicare and Medicaid mental and behavioral health treatment through telehealth.

Kildee, Daniel T. (D-MI) – Mental Health Caucus Member

H.R. 2228, Rural Behavioral Health Access Act: To allow for payment of outpatient critical access hospital services furnished through telehealth under the Medicare program.

Matsui, Doris (D-CA) - Mental Health Caucus Member

**H.R. 4058, Telemental Health Care Access Act: To amend title XVIII of the Social Security Act to ensure coverage of mental and behavioral health services furnished through telehealth.

McKinley, David B. (R-WV)

H.R. 1647, TREATS Act: This bill modifies requirements relating to coverage of certain telehealth services under Medicare. Specifically, the bill permanently allows telehealth services for substance-use disorders and mental health disorders to be provided via audio-only technology, if a physician or practitioner has already conducted an in-person or video telehealth evaluation. Schedule III or IV controlled substances may also be prescribed online if a practitioner has conducted a telehealth evaluation with video.

SUICIDE PREVENTION

Beyer, Donald S., Jr. (D-VA) – Mental Health Caucus Member

H.R. 2862, Campaign to Prevent Suicide Act: To require the Secretary of Health and Human Services to conduct a national suicide prevention media campaign, and for other purposes.

H.R. 792, Barriers to Suicide Act: This bill requires the Department of Transportation (DOT) to establish a program to facilitate the installation of evidence-based suicide deterrents on bridges, including suicide prevention nets and barriers. DOT may award competitive grants to states and local governments to carry out the program. The Government Accountability Office must conduct a study to identify the types of structures, other than bridges, that attract a high number of individuals attempting suicide-by-jumping and the types of nets or barriers that are effective at reducing such suicides.

Bilirakis, Gus M. (R-FL) – Mental Health Caucus Member

H.R. 1324, Effective Suicide Screening and Assessment in the Emergency Department Act: This bill requires the Department of Health and Human Services to award grants to hospitals to improve their capacity to identify patients in emergency departments who are at risk of suicide and connect those patients with mental health treatments and services.

DeSaulnier, Mark (D-CA) – Mental Health Caucus Member

H.R. 2648, Suicide Prevention Assistance Act: To amend the Public Health Service Act to establish a grant program to provide self-harm and suicide prevention services in primary care offices, and for other purposes.

Katko, John (R-NY) – Mental Health Caucus Co-Chair

H.R. 2981, Suicide Prevention Lifeline Improvement Act: This bill expands the requirements for the National Suicide Prevention Lifeline Program. Specifically, the Substance Abuse and Mental Health Services Administration must (1) develop a plan to ensure the provision of high-quality service, (2) strengthen data-sharing agreements to facilitate the transmission of epidemiological data from the program to the Centers for Disease Control and Prevention, and (3) implement a pilot program focused on using other communications platforms (e.g., social media and texting) for suicide prevention. The bill also directs the Government Accountability Office to study the program.

Kelly, Robin (D-IL)

**HR 4319, To require the Director of the Centers for Disease Control and Prevention to track and report on suicides and other issues among public safety telecommunicators, to require the Federal Emergency Management Agency to award grants to advance public safety telecommunicator health and well-being, and for other purposes.

Steward, Chris (R-UT) - Mental Health Caucus Member

**H.R. 2955, Suicide Prevention Act: This bill establishes two grant programs to prevent self-harm and suicide. The Centers for Disease Control and Prevention must award grants to state, local, and tribal health departments to expand surveillance of self-harm, and the Substance Abuse and Mental Health Services Administration must award grants to hospital emergency departments for programs to prevent suicide attempts among patients after discharge.